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Outcome of Mental Hospital Treatment

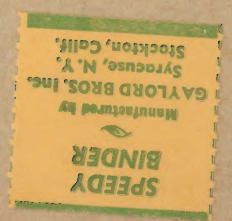
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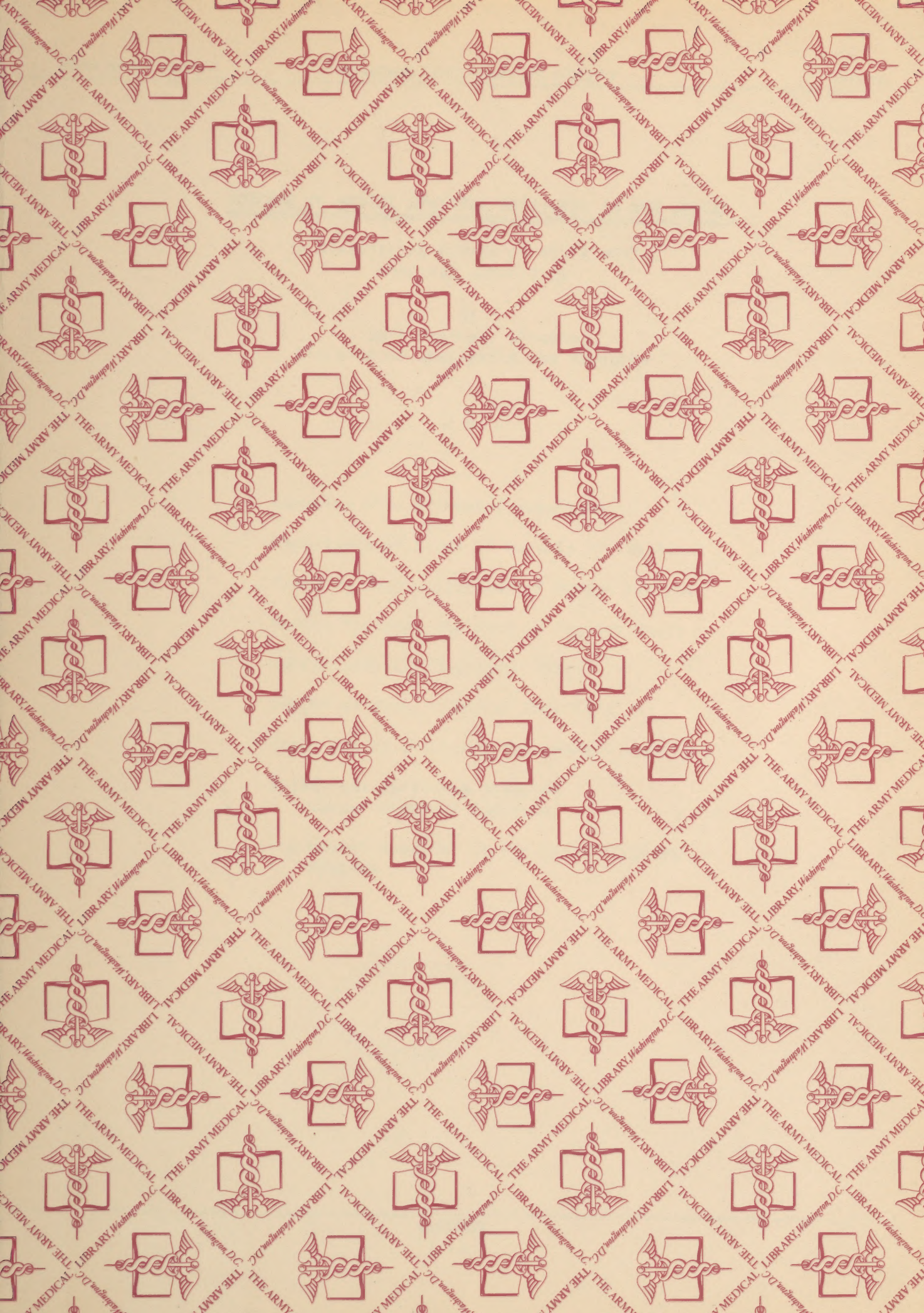
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OUTCOME OF MENTAL HOSPITAL TREATMENT IN NEW JERSEYA STATISTICAL REVIEW OF STATE MENTAL
HOSPITAL ACTIVITIES

By

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Curative Aims of Mental Hospitals

Importance of Study of Results of Treatment

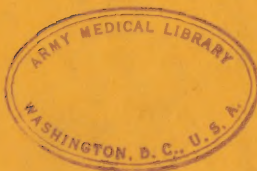
Trend in Hospitalization of Mental Patients

Mental Patients Analyzed in Present Study

Mental Hospital Discharge Rates

Length of Stay in Mental Hospitals

Condition on Discharge from Mental Hospitals

Eight-Year Follow-up Study of
Mental Hospital PatientsThe Mental Hospital in the Mental Hygiene
Program

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CURATIVE AIMS OF MENTAL HOSPITALS

The sustained aims of those administering the State mental hospitals in New Jersey have been to maintain them as places of active treatment - medical, surgical, psychiatric - with all the allied physical and occupational therapies that modern science has devised.

It has been the consistent policy of the New Jersey State Department of Institutions and Agencies supervising the State mental hospitals to give the medical officers complete freedom, within the range of financial limitations, to determine and carry out policies of treatment and care. Consequently, the three State mental hospitals have come to place varying emphasis upon therapeutic procedures in their medical and surgical services, dietetic oversight, activity and recreational programs, social service supervision and the like.

Thus the mental hospitals have over a period of years served as social and scientific laboratories in the testing and utilization of theories and procedures that have from time to time won the support of reputable medical men who had the responsibility for the formulation and conduct of a program that would help their patients to recover from their mental difficulties.

IMPORTANCE OF STUDY OF RESULTS OF TREATMENT

The development of the newer techniques in mental hospital treatment and the application of the varying medical, surgical, and psychiatric measures make it highly desirable to institute an "audit" as it were to attempt to measure as concretely as possible the effects of these efforts.

It would seem to be quite germane therefore to seek authoritative answers to questions such as the following:

What proportion of psychotic patients entering a mental hospital may expect to return to the community, and how soon? How are discharges, length of stay, and possibility of return to the hospital affected by the type of mental disease?

Is there a period when treatment is most effective? After what time is it necessary for a hospital to plan long time or permanent care for a patient? On what basis can a hospital figure the expected increase in its resident population, from the accumulation of undischarged cases?

TREND IN HOSPITALIZATION OF MENTAL PATIENTS

As background material to this study it may be of interest to present here very briefly figures on the more recent trends in the hospitalization of mental patients in New Jersey. In the sixteen-year span 1930-1946 the average patient population in State and County mental hospitals increased from 10,739 to 17,333, although it is to be noted that in the last five years there was a decided slowing-up both in the number of hospital admissions of mental patients and in the accumulation of patients in mental hospitals.

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FISCAL YEAR	PATIENTS IN STATE AND COUNTY MENTAL HOSPITALS		RATE PER 100,000 GENERAL POPULATION	
	AVERAGE CENSUS	NUMBER OF FIRST ADMISSIONS	AVERAGE CENSUS	NUMBER OF FIRST ADMISSIONS
1930	10,739	2,722	265.7	67.4
1935	14,095	3,001	343.7	73.2
1940	16,420	3,271	394.7	78.6
1941	16,605	3,502	399.1	84.2
1942	16,917	3,608	406.6	86.7
1943	17,042	3,358	409.6	80.7
1944	16,987	3,344	408.3	80.4
1945	17,143	3,465	412.1	83.3
1946	17,333	3,674	416.6	88.3

PATIENTS ANALYZED IN PRESENT STUDY

The treatment outcome of mental hospital patients which is being reviewed in this study includes more than 4600 patients cared for in the three State mental hospitals (*Greystone Park, Marlboro, and Trenton*) during the three fiscal years 1944-1946, and cover primarily the so-called "functional" psychoses as follows:

PSYCHOSIS	NUMBER OF PATIENTS
Involuntional	602
Psychoneuroses	407
Manic-depressive	1232
Dementia praecox	1972
Paranoia and paranoid condition	153
Psychopathic personality	245

In regard to the age composition of the patients studied the figures below classify them in broad age groups:

PSYCHOSIS	AGE OF FIRST ADMISSIONS		
	UNDER 25 YEARS	25 - 39 YEARS	40 YEARS AND OVER
Involuntional	0%	3.3%	96.7%
Psychoneuroses	16.5	47.6	35.9
Manic-depressive	15.2	46.6	38.2
Dementia praecox	32.3	51.0	16.7
Paranoia & paranoid condition	0.8	24.6	74.6
Psychopathic personality	28.6	47.6	23.8

FISCAL YEAR	PATIENTS IN STATE AND COUNTY MENTAL HOSPITALS		RATES PER 100,000 GENERAL POPULATION	
	AVERAGE NUMBER ON FIRST CENSUS	AVERAGE NUMBER ON SECOND CENSUS	AVERAGE NUMBER ON FIRST CENSUS	AVERAGE NUMBER ON SECOND CENSUS
1930	10,730	9,722	368.7	37.4
1935	14,095	9,001	342.7	75.2
1940	16,420	8,271	301.7	70.6
1941	16,602	7,802	290.1	84.2
1942	16,917	7,608	406.6	86.7
1943	17,042	7,208	409.6	80.7
1944	16,987	7,344	408.2	80.4
1945	17,142	7,482	412.1	82.2
1946	17,322	7,674	416.6	86.2

PATIENTS ANALYZED IN PRESENT STUDY

The treatment outcome of mental hospital patients which is being reviewed in this study includes more than 4500 patients cared for in the State mental hospitals (Crestmont Park, Kallbourn, and Tazewell) during the three fiscal years 1944-1946, and cover primarily the so-called "functional" psychoses as follows:

PSYCHOSIS	NUMBER OF PATIENTS
Psychopathic personality	262
Paranoia and paranoid condition	122
Dementia praecox	1072
Manic-depressive	1232
Psychoneuroses	407
Involuntal	602

In regard to the age composition of the patients studied the figures below classify them in broad age groups:

PSYCHOSIS	AGE AT FIRST ONSET		
	25 YEARS AND OVER	15-25 YEARS	15 YEARS AND UNDER
Psychopathic personality	28.6	28.6	22.6
Paranoia & paranoid condition	0.8	24.6	74.6
Dementia praecox	32.2	31.0	16.7
Manic-depressive	12.2	40.6	30.2
Psychoneuroses	16.2	47.6	36.9
Involuntal	62	2.22	90.72

MENTAL HOSPITAL DISCHARGE RATES

The extent to which the three State mental hospitals have been able to apply the various treatment methods and "move" patients out of the hospital is commonly measured by the number of discharges per hundred total admissions of a specified year.

In the following table are given the number of admissions and discharges alive for six specific psychoses of the so-called functional types covering the period 1944-1946 as well as the rate of discharges per one hundred admissions.

PSYCHOSIS	NUMBER		RATE OF DISCHARGES ALIVE PER 100 ADMISSIONS
	ADMISSIONS	DISCHARGES	
Involutional	602	427	70.9
Psychoneuroses	407	393	96.6
Manic-depressive	1232	1041	84.5
Dementia praecox	1972	1181	59.9
Paranoia and paranoid condition	153	131	85.6
Psychopathic personality	245	218	89.0

LENGTH OF STAY IN MENTAL HOSPITALS

In studying the data on the length of stay of the patients included in this report before discharge, it is most gratifying to note that a large proportion of the patients were obliged to remain in the mental hospitals for not too prolonged periods:

PSYCHOSIS	DURATION OF HOSPITAL LIFE OF FIRST ADMISSIONS BEFORE DISCHARGE		
	UNDER 6 MONTHS	6 - 11 MONTHS	1 YEAR AND OVER
Involutional	73.1%	16.6%	10.3%
Psychoneuroses	84.0	10.1	5.9
Manic-depressive	77.7	11.9	10.4
Dementia praecox	54.2	19.3	26.5
Paranoia and paranoid condition	50.0	18.4	31.6
Psychopathic personality	58.3	15.9	25.8

CONDITION ON DISCHARGE FROM MENTAL HOSPITALS

It is important, of course, to secure as rapid a "turnover" of mental hospital patients as is feasible, but also to see that as high a proportion of patients as possible go out of the hospital with restored mental health. The following figures illustrate the extent to which mental health recovery has been achieved among the six specified patient groups:

PSYCHOSIS	CONDITION ON DISCHARGE		
	RECOVERED	IMPROVED	UNIMPROVED
Involuntional	54.4%	41.2%	4.4%
Psychoneuroses	26.7	61.8	11.5
Manic-depressive	58.4	36.2	5.4
Dementia praecox	7.6	85.3	7.1
Paranoia and paranoid condition	26.0	67.1	6.9
Psychopathic personality	66.5	30.7	2.8

The classification of the degree to which mental hospital patients have recovered their mental health used above follows the established criteria:

"Recovered", indicates the condition of a patient who has regained his normal mental health so that he may be considered as having practically the same mental status as he had previous to the onset of the mental disorder.

"Improved", denotes any degree of mental gain less than recovery. Patients who die when on parole or escape should be separately reported.*

EIGHT-YEAR FOLLOW-UP OF MENTAL HOSPITAL PATIENTS

Another statistical analysis of outcome of treatment and perhaps more valid than the usual studies in which discharge rates are applied, is to follow through in their "career" a group of patients who had never before been in a mental hospital, and observe their status at uniform intervals after the admission period.

Such a statistical study offers a somewhat more authentic yardstick with which to measure the rate at which patients move through the hospitals, and the treatment policies which influence that rate.

The results of such an "outcome" study is presented here covering 500 manic-depressive and dementia-praecox patients committed to the state mental hospitals for the first time in 1930 and followed through for the subsequent eight years. Tabulations were based on the whereabouts of the individual patient at the end of each twelve months after his own admission, noting his status at that time without regard to the intervening happenings in the life of that patient, such as return from parole or readmission after discharge.

* "Statistical Manual - For the Use of Hospitals for Mental Diseases" Tenth Edition. Published by National Committee for Mental Hygiene, 1790 Broadway, New York City. 1942.

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The emphasis in the study has been put on the committed patients rather than the voluntary patients since they present the bulk of cases and the type that are released on the recommendation of the staff physicians. (*Voluntary patients leave the hospitals merely after giving three days notice.*)

WHEREABOUTS OF 500 COMMITTED MANIC-DEPRESSIVE AND DEMENTIA PRAECOX PATIENTS DISCHARGED FROM STATE MENTAL HOSPITALS IN 1930			
AFTER	P E R C E N T		
	RELEASED	IN HOSPITAL	DIED
One year	51.5%	41.7%	6.8%
Two years	55.4	36.0	8.6
Three years	60.1	29.9	10.0
Four years	60.6	29.1	10.3
Five years	60.2	28.8	11.0
Six years	60.2	28.1	11.7
Seven years	61.4	26.5	12.1
Eight years	62.1	25.5	12.4

These figures show the chances for release in the first year of hospitalization are considerably greater than in the second year, and that after the third year, the percentage released is practically stationary. The number remaining alive in mental hospitals gradually declines as deaths occur among them.

THE MENTAL HOSPITAL IN THE MENTAL HYGIENE PROGRAM

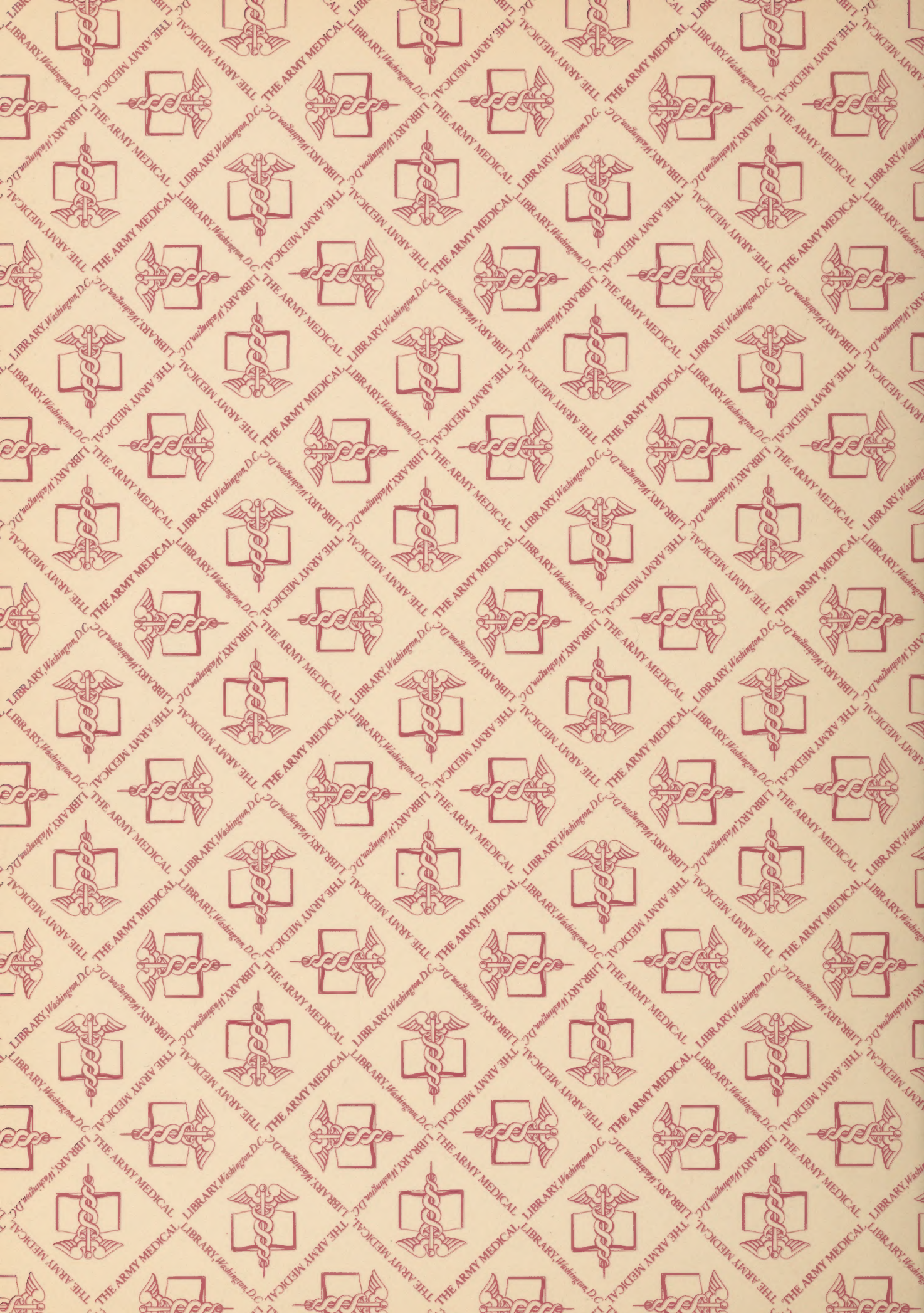
Enough of authoritative statistical data has been presented here to show that the results of the curative work of the State mental hospitals are definitely encouraging. The task immediately ahead is:

1. To continue our efforts to transform existing mental hospitals into modern treatment and curative institutions. This means the provision of adequate treatment facilities and a trained medical staff with consultants to carry on intensive treatment work, using the approved methods of treatment applicable to these patients.
2. To extend psychiatric social service or follow-up field work, so as to enable mental hospitals to parole early under proper conditions and safeguard a greater number of patients who can be satisfactorily adjusted in the community.
3. To extend the system of mental hygiene clinics based on the mental hospitals to serve the communities in the diagnosis of mental and nervous disorders, and to reach potential sufferers from nervous or mental disorders before the definite breakdown occurs.

There apparently is a long road ahead in society's efforts to conquer the problem of mental illness but research that is in progress and the new techniques which have passed from the stage of research to that of active use provide assurance that we can look forward to a day when further new discoveries will enable physicians and psychiatrists to achieve results as yet beyond our capacities.



THESE RESEARCHES HAVE BEEN CONDUCTED IN THE
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